. :	Under the training			Anna		· . • • • • • • • • • • • • • • • • • •	[O/98/08 (44 A)
	PATER	eduction Act of 1885, no pers IT APPLICATION FI Substitute f	ons dis required to response SE DETERMINAT OF Form PTO-876	U.S. Patent and Trademand to a collection of information ION RECORD	tk Office; U.S. 11 Unless it disp	ough 7/81/2008. DEPARTMENT (lays a valid OMB	OMB 0651-009 OF COMMERCE Control number
		LICATION AS FILED -	PARTI		1.44	oallen or bookel i	14mber
	FOR	(Oolumn 1) NUMBER FILED	(Column 2)	SMALL ENTITY	OR	OTHER SMALL	R THAN ENTITY
·ŀ	BASIC FEE (87 CFR 1.18(a), (b), or (d)) SEARCH FEE		NUMBER EXTRA	RATE (\$). FEE	(1)	RATE (1)	FEE (\$)
- 1	(87 OFR 1.(6(k), (1), or (m)) EXAM(NATION FEE (87 OFR 1.18(0), (p), or (q1)						
	TOTAL CLAIMS (27 CFR 1.16(1)) NDEPENDENT CLAIMS	minus 20 ≃	•	x 25:			
1	87 CFR 1.16(N)	If the specification and o		x/00 =	OR OR	x500=	
1 · F	VPPLICATION SIZE TEE 37 CFR 1.18(s))	sheets of paper, the app ts \$250 (\$125 for small additional 50 sheets or fi additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) an	entity) for each			XG-00 =	
-	NULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))		186	-			
	If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	-	360	
1	APPLICATION AS AMENDED - PART II					TOTAL _	
AMENOMENTAL	O CI REN AI AME	AIMS TAINING TER VDMENT Minus Minus Minus Minus	umn 2) (Column 3) HEST BER OUSLY FOR = =	SMALL ENTITY RATE (\$) ADDITIONAL FEE (\$) x 25 = x 60 =	OR X	OTHER THE SMALL EN	HAIN TITY AODI- TIONAL FEE (\$)
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))			180	OR .	360	
	(Colum	1110		ADD'L FEE	OR AD	OTAL DD'L FEE	
AMENDMENT.	Total OT OFR 1.16(II) Independent OT OFR 1.16(II)	IMING HIGHE NUMB PREVIOUS PAID F	EST ER PRESENT USLY EXTRA	RATE (\$) ADDITIONAL FEE (\$) X =	OR X	. TI	ADDI- IONAL EE (\$)
A.	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))			X =	OR X	=	
		DEATH DUAIN	(or OFH 1.16(I))		NB:		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37. CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uncularing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

TOTAL ADD'L FEE